



# OHIO COUNTY OCCUPATIONAL TAX

For Office Use Only

## EMPLOYER'S RETURN OF EMPLOYEE'S LICENSE FEE WITHHELD OR DUE

If "\$0" wages paid this period, enter "\$0" or "NONE" and return the form

Number of Employees working in Ohio Co. \_\_\_\_\_ Number Taxed \_\_\_\_\_

1. Salaries, wages, commissions & other compensation paid for services performed in Ohio County..... \$ \_\_\_\_\_

2. Tax Due at 1.00% of line 1.... (Line 1 x 1%)..... \$ \_\_\_\_\_

3. Penalty 5.00% per month of Line 2 **(Max 25% - Min \$25)** \$ \_\_\_\_\_  
 \*(\$25 late fee applies even if there was no taxable payroll for the period)

4. Interest 12.00% per annum of Line 2 (1% monthly or fraction thereof)\$ \_\_\_\_\_

5. Adjustment due to: rounding, credit, etc .....(+/-)..... \$ \_\_\_\_\_

6. BALANCE DUE (total of lines 2 thru 5 )..... \$ \_\_\_\_\_

Should this account be made inactive?  NO  YES, Effective date \_\_\_\_\_

REASON: \_\_\_\_\_

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Phone Number \_\_\_\_\_

**PAID BY CHECK #** \_\_\_\_\_

Name \_\_\_\_\_ **00000**

Contact \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ KY 00000

PERIOD ENDING		
Month	Day	Year
09	30	

DUE ON or BEFORE		
Month	Day	Year
10	31	

**Make checks payable to & mail to:**  
**OHIO COUNTY**  
**OCCUPATIONAL TAX ADMINISTRATOR**  
**P.O. BOX 185**  
**HARTFORD KY 42347**

Phone: (270) 298-4410 Fax: (270) 298-4409  
[lucenias@bellsouth.net](mailto:lucenias@bellsouth.net)  
[octaxclerk@bellsouth.net](mailto:octaxclerk@bellsouth.net)

Indicate name or address change above. FED ID / SS # \_\_\_\_\_

**\* Return This Form To The Occupational Tax Office \***